



Project Recovery Iowa

DEPARTMENT OF HUMAN SERVICES

Reaction of Children to a Disaster

How do children typically react to disasters?

Many feelings and reactions are shared by people of all ages in response to a disaster. However, special attention is required to meet the needs of children. Typical reactions for children of all ages include:

- Fears of future disasters
- Loss of interest in school
- Regressive behavior
- Sleep disturbances and night terrors
- Fears of events associated with disaster

What are some age-specific responses?

Preschool (ages 1-5): Children in this age group are particularly vulnerable to disruption of their previously secure world. Because they generally lack the verbal and conceptual skills necessary to cope effectively with sudden stress by themselves, they look to family members for comfort. Abandonment is a major fear in this age group, and children who have lost family members and even pets or toys will need special reassurance.

Typical responses include:

- Thumb sucking
- Bed wetting
- Fears of the darkness or of animals
- Clinging to parents
- Night terrors
- Loss of bladder or bowel control, constipation
- Speech difficulties (e.g., stammering)
- Loss or increase of appetite

Some things that are helpful are:

- Encourage expression through play reenactment
- Provide verbal reassurance and physical comforting
- Give frequent attention
- Encourage expression regarding loss of pets or toys
- Plan calming, comforting pre-bedtime activities
- Allow short term changes in sleep arrangements such as allowing children to sleep with a light on or with the door open, or on a mattress in the parents' or another child's room, or remaining with the child while the child falls asleep.



Early childhood (ages 5-11): Regressive behavior is most typical of this group. Loss of pets or prize objects is particularly difficult for them to handle.

Typical responses include:

- Irritability
- Whining
- Clinging
- Aggressive behavior at home or school
- Night terrors, nightmares, fear of darkness
- School avoidance
- Withdraw from peers
- Overt competition with younger siblings for parents attention
- Loss of interest and poor concentration in school

Some things that are helpful are:

- Patience and tolerance
- Play sessions with adults and peers
- Discussions with adults and peers
- Relaxation of expectation at school or at home (with a clear understanding that this is temporary and the normal routine will be resumed after a suitable period).
- Opportunities for structures but not demanding chores and responsibilities at home
- Rehearsal of safety measures to be taken in future disasters

Pre-adolescent (ages 11-14): Peer reactions are especially significant in this age group. The child needs to feel that his/her fears are both appropriate and shared by others. Responses should be aimed at lessening tensions and anxieties and possible guilt feelings.

Typical responses include:

- Sleep disturbance, appetite disturbance
- Rebellion in the home
- Refusal to do chores
- School problems (e.g., fighting, withdraw, loss of interest, attention seeking behavior)
- Physical problems (e.g., headaches, vague aches and pains, skin eruptions, bowel problems, psychosomatic complaints)
- Loss of interest in peer social activities

Some things that are helpful are:

- Group activities geared toward the resumption of routines
- Involvement with same age group activity
- Group discussions geared toward relieving the disaster and rehearsing appropriate behavior for future disasters
- Structured but undemanding responsibilities
- Temporary relaxed expectations of performance at school or at home
- Additional individual attention and consideration

Adolescent (ages 14-18): Most of the activities and interest of the adolescent are focused in his/her own age group peers. They tend to be especially distressed by the disruption of their peer group activities and the lack of access to full adult responsibilities in community efforts.

Typical responses include:

- Psychosomatic symptoms (e.g., rashes, bowel problems, asthma)
- Headaches and tension
- Appetite and sleep disturbance
- Hypochondriasis
- Amenorrhea or dysmenorrhea
- Agitation or decrease in energy level
- Apathy
- Irresponsible and/or delinquent behavior
- Decline in emancipatory struggles over parental control
- Poor concentration

Some things that are helpful are:

- Encourage participation in the community rehabilitation or reclamation work
- Encourage resumption of social activities, athletics, clubs, etc.
- Encourage discussion of disaster experiences with peers, extended family members, significant others
- Temporarily reduce expectations for level of school and general performance
- Encourage, but do not insist upon, discussion of disaster fears within the family setting